

Professional Licensing Agency
 402 West Washington Street
 Room W072
 Indianapolis, IN 46204



Eric J. Holcomb
Governor of Indiana
Lindsay M. Hyer
PLA Executive Director

Health Facility Administrator CE Provider Renewal Form

Renew online at MyLicense.IN.gov by using your license number and registration code. Registration codes were provided in the renewal notices either emailed or mailed to each sponsor. To renew by mail, send this form with the renewal fee of \$100 and advertising brochures to the office address shown above. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after your license expiration date you must include a \$50 late fee.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Licensee Name	License Number	Expiration Date	Renewal Fee Included
Street Address			
City		State	Zip Code
Phone Number		Email Address	
RENEWAL REQUIREMENTS			
Pursuant to 840 IAC 1-3-2, a sponsor of Health Facility Administrators level continuing education courses shall submit by January 31 st of each year the following information to request renewal:			
(1) This renewal application. (2) Pay a renewal fee of one hundred dollars (\$100) or one hundred and fifty dollars (\$150) if expired. (3) Send a copy of the advertising brochure for your Health Facility Administrator programs			
LICENSEE AFFIRMATION			
My signature below indicates our desire to renew the CE Sponsor relationship for another year and that we agree to periodic monitoring of our programs.			
Signature of Licensee		Date (month, day, year)	

Visit us on the web at www.pla.in.gov for additional information regarding your license.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date